

Foster Family Home - Corrective Action Report

Provider ID: 1-180066

Home Name: Josefina Clare Briones, CNA

Review ID: 1-180066-2

94-249 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/30/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/30/19.

Corrective Action Report issued during home inspection with all items due to CTA by 10/30/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home

Records

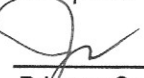
[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted on Client #2's Medication Administration Record, MD/APRN order, CMA's Medication list.


Compliance Manager


Primary Care Giver

9/30/19
Date

9/30/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Joregina Clare Briones

CCFFH Address: 94-249 Pāhāwa St Waiipohu HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 54.(c)(5) | Medication discrepancy was corrected by client's CMA, MD and CG #1 on client's Medication Administration Record. | 10/25/2019 | CG #1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different. |

Primary Caregiver's Signature: _____

Print Name: Joregina Clare Briones

Date of Signature: 10/25/19